

Michigan Department of Community Health

Third Party Liability Payer File Technical Record

For National Roster File Transfer and Subrogation Billing Process

Version Date: October 7, 2014

Effective Date: October 7, 2014





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The Deficit Reduction Act of 2005 provides States with the ability to identify, and to recover payment from, third parties that are legally required to pay primary to Medicaid. The Michigan Public Act 593 of 2006 (MCL 550.283) requires various entities to provide the Michigan Department of Community Health (MDCH) with information necessary to determine which of their members are also beneficiaries of the State's Medical Assistance Program. In order for Payers to comply with the Public Act 593, MDCH and your technical team will establish a direct file transfer process that contains the required data elements as identified in the Payer File Technical Record below.

Payer File Technical Record

Field Name	Length	Start	End	Comments	Required	Required for Cost Avoidance	Required for 5010 Subrogation	Required for NCPDP Subrogation
Header Layout								
Header flag	1	1	1	“*”	R	N	N	N
Insurance carrier / biller name	25	2	26		R	Y	Y	Y
Insurance carrier / biller FEIN	9	27	35		R	N	N	N
Run type	1	36	36	P = Production, T=Test	R	N	N	N
Creation date	8	37	44	CCYYMMDD	R	N	N	N
Biller contact name	25	45	69	Technical contact name	R	N	N	N
Biller contact phone number	10	70	79	Technical contact phone number	R	N	N	N
Biller address line 1	30	80	109		R	N	N	N
Biller address line 2	30	110	139		O	N	N	N
Biller city	20	140	159		R	N	N	N



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Biller state	2	160	161		R	N	N	N
Biller postal code	11	162	172		R	N	N	N
Filler	603	173	775	Spaces	R	N	N	N
Record Layout								
Member last name	25	1	25	Individual covered by this policy	R	Y	Y	Y
Member first name	25	26	50		R	Y	Y	Y
Member middle initial	1	51	51		O	N	N	N
Member SSN	9	52	60		O	Y	N	N
Member date of birth	8	61	68	CCYYMMDD	R	Y	Y	Y
Member gender	1	69	69		O	N	Y	Y
Member address line 1	30	70	99		O	Y	Y	Y
Member address line 2	30	100	129		O	Y	Y	Y
Member city	20	130	149		O	Y	Y	Y
Member state	2	150	151		O	Y	Y	Y
Member postal code	11	152	162		O	Y	Y	Y
Member student indicator	1	163	163	Y = Member is a fulltime student N = Not a student	O	N	N	N
Member relationship to subscriber	1	164	164	S=Self D=Dependent	R	N	Y	Y
Member group number	25	165	189		R	Y	Y	Y
Member policy number	20	190	209	Include prefix (if appropriate)	R	Y	Y	Y



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Member coverage effective date	8	210	217	Earliest continuous coverage start date in the format CCYYMMDD.	R	Y	Y	Y
Member coverage termination date	8	218	225	Set to actual date when coverage termination date is in the past. COBRA future termination dates reflect actual termination date. All other future coverage termination dates are set to 99991231.	R	Y	Y	Y
Type of policy / program	1	226	226	This field identifies the type of insurance policy or government program being reported in the record. Values are: 1 = Commercial policy 2 = COBRA policy 3 = Individual policy 4 = Government program (not Medicare) 5 = Medicare 6=Pharmacy Discount Cards 7 -9 = Reserved for future use	R	N	N	N



Type of policy / program modifier	1	227	227	<p>This field provides additional information about the type of insurance policy or government program being reported in the record.</p> <p>For values 1, 2, or 3 in column 226, values are: 1 = Default (Unknown) A = Cancer plan B = Disability C = Dismemberment D = Indemnity E = Long term care plan F - N = Reserved</p> <p>For value 4 in column 226, values are: 1 = Default P = Medicaid managed care plan Q = SCHIP (MICHILD, Healthy Kids, etc.) R = Reserved S = Incarceration (jail / prison) T = County health plan</p> <p>For value 5 in column 226, values are: 1 = Default U = Medicare part A V = Medicare part B W = Medicare part C X = Medicare part D</p>	R	N	N	N
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Type of policy / program pharmacy modifier	1	228	228	This field identifies who manages pharmacy benefits (if any) for the type of insurance policy or government program being reported in column 226. The values are: 1 = Not applicable 2 = PBM is reporting coverage 3 = Medical insurance company is reporting coverage - uses PBM 4 = Medical insurance company is reporting coverage - does not use PBM	R	N	N	N
Member traditional / managed care indicator	1	229	229	T = Traditional: any indemnified policy M = Managed care: all other coverage	R	N	N	N
Member general medical benefit flag	1	230	230	Y = person has EDI service type code 60 N or blank = no benefit U = Unknown	R	Y	Y	Y
Member pharmacy benefit flag	1	231	231	Y = person has EDI service type code 88 N or blank = no benefit U = Unknown	R	Y	Y	Y
Member dental benefit flag	1	232	232	Y = person has EDI service type code 35 N or blank = no benefit U = Unknown	R	Y	Y	Y
Member vision benefit flag	1	233	233	Y = person has EDI service type code AL N or blank = no benefit U = Unknown	R	Y	Y	Y
Member psychiatric benefit flag	1	234	234	Y = person has EDI service type code A4 N or blank = no benefit U = Unknown	R	Y	Y	Y



Member long term care benefit flag	1	235	235	Y = Person has coverage for inpatient residence and treatment at a skilled nursing step-down, rehab, and/or recovery facility (often in a nursing home) where a patient is sent after a hospitalization which typically is of limited duration. This would be a "rider" of the beneficiary's medical policy, not a stand alone policy. N = No benefit U = Unknown	R	Y	Y	Y
Member BIN (Benefit International Number)	6	236	241	Pharmacy carriers only	O	N	N	N
Member PCN (Pharmacy Benefit Processor Control Number)	10	242	251	Pharmacy carriers only	O	N	N	N
Member mail order pharmacy available?	1	252	252	N = Not available Y = Mail order pharmacy available and optional M = Mail order pharmacy available and mandatory	O	N	N	N
Member pharmacy copayment amount	5	253	257	Highest brand pharmacy co-pay amount in whole dollars or defined default amount when co-pay is not indicated. If co-pay is a % of charged amount then return 99999.	R	N	N	N
Policy related HSA?	1	258	258	Y = the policy has an associated HSA N = No HSA	O	N	N	N
Group / employer name	25	259	283		O	N	N	N



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Employer address line 1	30	284	313		O	N	N	N
Employer address line 2	30	314	343		O	N	N	N
Employer city	20	344	363		O	N	N	N
Employer state	2	364	365		O	N	N	N
Employer postal code	11	366	376		O	N	N	N
Employer FEIN	9	377	385	Employer Identification Number	O	N	N	N
Subscriber covered indicator	1	386	386	Y = Subscriber is also covered by policy N = Subscriber is not covered by policy	O	N	N	N
Subscriber last name	25	387	411		R	N	Y	N
Subscriber first name	25	412	436		R	N	Y	N
Subscriber middle initial	1	437	437		O	N	N	N
Subscriber SSN	9	438	446		O	N	N	N
Subscriber DOB	8	447	454	CCYYMMDD	R	N	Y	N
Subscriber gender	1	455	455	Allowed values M, F, U	O	N	N	N
Subscriber address line 1	30	456	485		O	N	Y	N
Subscriber address line 2	30	486	515		O	N	N	N
Subscriber city	20	516	535		O	N	Y	N
Subscriber state	2	536	537		O	N	Y	N
Subscriber postal code	11	538	548		O	N	Y	N
Insurance carrier / biller name	25	549	573		R	Y	Y	N



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Biller contact name	25	574	598	First and last name of contact person for Medicaid reclamation claims	R	N	N	N
Biller contact telephone	10	599	608	Phone number for above contact person	R	N	N	N
Biller address line 1	30	609	638	Address for electronic Medicaid reclamation claims	R	N	N	N
Biller address line 2	30	639	668		R	N	N	N
Biller city	20	669	688		R	N	N	N
Biller state	2	689	690		R	N	N	N
Biller postal code	11	691	701		R	N	N	N
Biller FEIN	9	702	710		R	N	N	N
Payer ID / Health Plan ID	10	711	720	Michigan Payer ID or Health Plan ID for this policy	R	Y	Y	Y
Non-Pharmacy Co-Pay Amount	5	721	725	Copay Amount (non-pharmacy) (right padded with decimals)	O	N	N	N
Pharmacy Deductible Amount	10	726	735	Pharmacy Deductible Amount (right padded with decimals)	O	N	N	N
Non-Pharmacy Deductible Amount	10	736	745	Deductible Amount (right padded with decimals)	O	N	N	N
Internal Use	10	746	755		O	N	N	N
Umbrella Group	20	756	775	Pharmacy carriers only	O	N	N	N